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ABSTRACT

This study examined perceptions of vocational rehabilitation administrators and counselors of the meaning, importance, and impact of the Rehabilitation Act Amendments of 1992. A questionnaire was completed by 251 administrators and 254 counselors from 25 states. Respondents were asked to indicate the extent to which changes had occurred, based on a list of practices recommended by the 1992 Act, in their offices or caseloads. Overall, administrators indicated greater change had taken place than did counselors, but neither group felt that more than "some change" had occurred in their offices or caseloads. Administrators and counselors identified the following groups of practices as areas that have changed: (1) consumer empowerment and choice; (2) assistive technology and accommodations; (3) services for individuals with HIV or AIDS; (4) consumer involvement. The least amount of change was reported for services for individuals with HIV or AIDS. The greatest disparity in the perceptions of administrators and counselors was in the areas of Consumer Involvement and the use of Assistive Technology and Accommodations. (DB)

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Changes in Vocational Rehabilitation Practice Since 1992: Administrators and Counselors Perspectives

By Jean Whitney-Thomas and Dawna M. Thomas

Introduction

The Institute for Community Inclusion has conducted a national survey of the impact of the 1992 Rehabilitation Act as perceived by vocational rehabilitation (VR) administrators and counselors. The purpose of this study was to understand the implementation of the 1992 Amendments in daily rehabilitation practice at the local office level. Previous focus group research suggested that perceptions of the meaning, importance, and impact of the Rehabilitation Act vary according to respondents' position within the agency (Whitney-Thomas & Thomas, 1996). The current study sought to test this hypothesis on a national scale from a service delivery perspective.

Project Design

A randomly selected sample of 349 local office administrators and 323 counselors from 25 states were sent questionnaires. 251 administrators (72%) and 254 counselors (79%) participated in the study. Participants were asked to indicate the extent to which they believe change had occurred in their office or caseload based on a list of practices recommended by the 1992 Rehabilitation Act Amendments. The complete list of practices was developed through the use of focus groups and is available from the first author. Each item was rated on a three point scale with 1 representing no change; 2, some change; and 3, a great deal of change. Administrators' and counselors' perceptions of change were compared in order to identify differences.

Findings

Differing Perspectives

Administrators indicated they felt greater change had taken place since the implementation of the Rehabilitation Act Amendments in 1992 than did the counselors. *Neither group, however, felt that more than "some change" had occurred in their offices or caseloads.*

Table 1 Comparisons of Change

	Mean Change (SD)
Administrators	1.82 (.39)
Counselors	1.60 (.34)
t= -6.63; df: 1,481.91; p<.001	

Areas of Change

Administrators and counselors identified the following groups of practices as areas that have changed to *some* degree. (The following practices are items taken directly from the questionnaire.)

Consumer Empowerment and Choice
- Active consumer involvement in the IWRP
- Strategies to make consumers aware of options and the choices of services available to them
- Consumer choice of the agency or vendor that will provide services
- Placement opportunities for individuals in integrated environments

Assistive Technology and Accommodations
- Provision of necessary assistive technology and accommodations for consumers at each stage in the rehabilitation process
- Active involvement of the consumer in developing necessary assistive technology and accommodations

Services for Individuals with HIV or AIDS
- Efforts to address the rehabilitation needs of individuals who are HIV+ or who have AIDS
- Technical assistance to employers about issues related to employees with AIDS or HIV

Consumer Involvement
- Active involvement of family members, advocates, or a representative of the consumer in the IWRP development when necessary
- Conducting assessment and planning in the native language of the individual with a disability
- Use of alternative formats when needed in assessment and planning
- Activities for informing consumers of their rights under the Rehabilitation Act
- Activities for informing consumers of their rights under the ADA

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Administrators and counselors reported statistically different perspectives on the amount of change that has occurred in each of these four areas.

Table 2 Differences in Four Areas

	Administrator mean rating	*Counselor mean rating*	*t (df)*
Empowerment and Choice	1.9	1.7	-3.96* (1,486)
Assistive Tech. & Accomm.	1.9	1.6	-5.49* (1,485)
Services for Individuals with HIV/AIDS	1.5	1.4	-2.37** (1,472)
Consumer Involvement	1.7	1.4	-.538* (1,499.52)

* p<.001 ** p <.05

From this data we can see:

- Administrators perceived greater change than did counselors.
- Neither group of respondents felt that a great deal of change has occur in any of the areas.
- The least amount of change has occurred in services for individuals with HIV or AIDS.
- Administrators see the greatest change in Empowerment and Choice and the use of Assistive Technology and Accommodations.
- The greatest disparity in the perceptions of administrators and counselors is in the areas of Consumer Involvement and the use of Assistive Technology and Accommodations.

In addition, many respondents provided written comments that many of these practices have been in place since before 1992.

Implications

These findings suggest that changes in the practice recommended by the 1992 Rehabilitation Act Amendments are being implemented to some degree. Change in the daily vocational rehabilitation practice, however, is not perceived as dramatic. Findings suggest that at the administrators feel that the 1992 Amendments have had more of an impact on practice than do those working directly with consumers. This may be due to the perception that such practices were already in place before the changes in the law. When asked how office personnel are informed about the Rehabilitation Act Amendments, administrators wrote that trainings and information sharing were the two primary ways. Those who described the trainings said that most of them were state-wide, day-long, seminar-style; although some were on-going, and based at the local level. Information sharing included: providing written materials, conducting staff discussions, corresponding via e-mail and memos, and distributing copies of the new law and related materials. A few respondents wrote that more training and information sharing is needed and that there has been ambiguity about the law's interpretation without regulations in place to guide its implementation.

Assessments of the 1992 law need to take into consideration the differing perspectives between administrators and counselors at the local level. Given these disparities it should not be assumed that the goals of the 1992 Amendments have been fully implemented. Perhaps more time is needed to see change, given the traditional educational methods used and the slow process of drafting regulations. Nevertheless, we clearly need closer monitoring to insure that best practices such as consumer empowerment and choice, use of assistive technology and accommodations, services for individuals with HIV/AIDS, and consumer involvement expand. Needed are:

- Exit interviews for consumers,
- Ongoing quality assessment committees, comprised of consumers
- Increased use of process evaluation methods, and
- Greater implementation and evaluation of strategies to increase consumer choice and involvement

Reference

Whitney-Thomas, J. & Thomas, D. M. (1996, July). Multiple perspectives on implementing the Rehabilitation Act Amendments of 1992. (Research to Practice). Boston, MA: Institute for Community Inclusion.

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